



Testing Irregularity Report: 2012-13 Assessments
Initial Notification

Select **ONE** testing window:

☐ ISTEP+ App Skills

☐ ISTEP+ M/C

☐ IMAST

☐ ISTAR

☐ LAS Links

☐ IREAD-3-Spring

☐ IREAD-3-Summer

☐ ECA-Fall

☐ ECA-Early Winter

☐ ECA-Late Winter

☐ ECA-Spring

☐ ECA-Summer

1) Date: _____

Corporation Name and Number: _____

School Name(s) and Number(s): _____

Person Submitting Report: _____

Title: _____

Telephone Number: (____) _____

Email Address: _____

2) Describe what took place:

3) Explain steps taken by the school/corporation upon learning about the situation:

4) Indicate the number of students/classrooms affected: Students: _____ Classrooms: _____

5) Submit this form via fax (317-233-2196) to:

Indiana Department of Education

Office of Student Assessment

Attention: Director of Student Assessment

FOR IDOE USE ONLY

Formal Investigation Required: ____ Yes ____ No

Follow-up Information Needed: ____ Yes ____ No

Date: _____ Initials: _____